

HB 1908 by Rep. Naishtat

House Corrections | Thursday, April 23, 2015

CPPP Position: *SUPPORT*

Texas Department of Criminal Justice (TDCJ)

Re-Entry & Integration Division

- Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

It is often said that Texas correctional facilities have become today's "de facto treatment centers" for individuals with mental illness. **In Texas, an estimated 35 percent of inmates in state correctional facilities** (operated by the Texas Department of Criminal Justice, TDCJ; Table 1) **have a history of mental illness, illustrated by the number of inmates who have previously received public mental health services.**

Re-entry initiatives enable the successful "transition of offenders from prisons or jails back into the community". Effective re-entry combats the "revolving door" effect wherein inmates cycle continuously between the

community and correctional facilities. Closing this "revolving door" for inmates with mental illness is an important challenge for Texas. **Texas inmates with mental illness are more likely to recidivate (i.e. experience repeat interactions with the criminal justice system, such as rearrest or re-incarceration) than inmates without.**

The high risk of recidivism for inmates with mental illness points to the difficulties associated with transitioning from a correctional facility back into the community. Barriers to successful community re-entry can include a lack of continuity in mental or physical care as well as difficulty establishing access to basic services such as housing or transportation. **Maintaining consistency in medical and mental health treatment and access to medication is critical to supporting an individual's progress toward recovery.** Interruptions in continuity of care are a major barrier to effective re-entry for inmates with mental illness and are often compounded by a lack of access to housing, employment, and other critical support systems.

Under the Re-Entry and Integration Division of TDCJ is the *Texas Correctional Office on Offenders with Medical and Mental Impairments* – known as **TCOOMMI**. This program **assists offenders with a mental illness, who are primarily being released on parole or probation, in preparing for a successful return to the community while also maintaining a continuity in their mental health care.**

In partnership with TCOOMMI, the Community Mental Health Centers (CMHCs) and local probation departments must work together to maintain a continuity of care for individuals with mental illness at multiple stages throughout the criminal justice process, from arrest to re-entry. TCOOMMI offers three tiers of re-entry assistance to inmates with mental illness:

- *Continuity of Care* – available for 90 days post-release with at least 3 face-to-face contacts with CMHC staff, linking to natural and community supports, and medication assistance. Inmates served must have a target diagnosis (Bipolar, Major Depression, and Schizophrenia – also known as the "Big 3").
- *Adult Intensive Case Management* – available for two years post-release with at least three-and-a-half hours per month of contact with CMHC staff linking to supports, medication assistance,

assistance with benefits applications, case management, and skills training and group services. An inmate must have a target diagnosis and be identified as being at a high level of risk for criminal behavior as well as a high level of clinical need.

- *Adult Transitional Case Management* – available on an as needed basis (as a step-down level of services) for inmates receiving Intensive Care Management.

The TCOOMMI case management model is highly effective at reducing recidivism for former inmates who have access to the program. In fact, **in 2014, the three-year recidivism rate for TCOOMMI case management participants was 11 percent** – substantially lower than the 23 percent recidivism rate for the general Texas prison population released under supervision.

However, TCOOMMI program eligibility is limited and not all former inmates with a mental health need receive services. **Inmates who do not possess a target Diagnosis of schizophrenia, bipolar disorder, or major depression do not qualify for service referrals to CMHCs, where the majority of Continuity of Care and Case Management services are provided.** However, the 5,228 individuals served by TCOOMMI case management programs in 2013 constitute only 25 percent of the current probation and parole population with a target diagnosis (Table 3). Therefore, only one in four individuals on probation or parole with a history of serious mental illness is actively receiving case management services.

Although the current Health and Safety Code statute related to TCOOMMI does not identify specific diagnoses for determining eligibility, the contracts between TDJC and CMHCs stipulate that TCOOMMI services may only be provided to individuals with a target diagnosis. This precedent was set by the statutory eligibility criteria for mental health services within the CMHCs. However, upon recognition that the spectrum of mental health needs is much larger than these three diagnoses, the statute was changed by the 83rd Legislature to permit CMHCs to provide clinically appropriate treatment services, where funding is available to individuals with another diagnosis.

Therefore, HB 1908 seeks to enable individuals with high clinical needs, regardless of a specific diagnosis, and a high level of risk of recidivism be eligible to participate in the TCOOMMI parole and probation services. This change in statute will ensure that inmate with the most mental health needs have the opportunity to successfully transition into the community, while remaining engaged in support services and mental health treatment.

Texas Inmates with Mental Health Needs: CPPP policy report, *From Recidivism to Recovery: The Case for Peer Support in Texas Correctional Facilities*

Table 1. Over One-Third of State Inmates Have a Public Mental Health Service Match (2014)	
Correctional Institution Population (TDCJ)	153,453
# of Matches ^a	54,436
% of Population	35%
# in Target Population ^b	18,647
% of Population	12%
^a Represents all TDCJ Correctional Institution Division inmates served in the public mental health system since 1985. ^b Represents all TDCJ Correctional Institution Division inmates with a diagnosis of schizophrenia, bipolar disorder, or major depression.	
Source: Texas Correctional Office on Offenders with Medical or Mental Impairments, TCOOMMI Services Template, Fiscal Year 2013.	

Table 2. TCOOMMI Re-entry Programs for Inmates with Mental Illness				
	Limited Continuity of Care ^a	Continuity of Care	Adult Transitional Case Management	Adult Intensive Case Management
Time available post-release ^b	90 days	90 days	1 year	2 years
Minimum # of face-to-face contact hours with CMHC staff per month	0	1	1.5	3.5
Linking to natural and community supports	✓	✓	✓	✓
Medication assistance	-	✓	✓	✓
Assistance with benefits applications	-	✓	✓	✓
Case management	-	-	✓	✓
Nurse services	-	-	✓	✓
Psychiatrist services	-	-	✓	✓
Skills training and group services	-	-	✓	✓
^a TCOOMMI technically only offers one Continuity of Care program. However, inmates who do not possess a target diagnosis of schizophrenia, bipolar disorder, or major depression do not qualify for service referrals to CMHCs, where the majority of Continuity of Care services are provided. To reflect this reality, we have created the "Limited Continuity of Care" designation to illustrate the level of services which individuals with non-target diagnoses are likely to receive. ^b For all programs, extensions may be granted based on client need.				
Sources: TCOOMMI, "TCOOMMI Refusal of Services, TCOOMMI Case Management and Continuity of Care Service Eligibility," also Program Guidelines and Processes for Continuity of Care (COC), Program Guidelines and Processes for Adult Intensive Case Management, and Program Guidelines and Processes for Adult Transitional Case Management; and April Zamora, TCOOMMI, Personal and Telephone Interviews, March and May 2014.				

Table 3. Only a Small Share of Former Inmates Currently Receive TCOOMMI Services			
		CARE Match ^a	Target Diagnosis ^b
Total number in Texas parole and probation with:		59,871	20,974
TCOOMMI Re-entry Program	Number Served in Program	As a % of Parole and Probation Population with CARE Match	As a % of Parole and Probation Population with Target Diagnosis
Continuity of Care	8,724	15%	42%
Case Management	5,228	9%	25%
All Programs	13,952	24%	67%
^a Represents all parole and probation clients served in the public mental health system since 1985. ^b All parole and probation clients diagnosed with schizophrenia, bipolar disorder, or major depression.			
Source: Texas Department of Criminal Justice, Texas Correctional Office on Offenders with Medical or Mental Impairments, <i>TCOOMMI Services Template</i> , Fiscal Year 2013, March 2014 CARE match and fiscal year 2013 re-entry program data.			

Table 4										
TCOOMMI Re-entry Program Eligibility for Inmates with Mental Illness										
TCOOMMI Program	Local Jail Inmate					State Jail or Prison Inmate				
	Released on Flat Discharge	Released on Probation ^b				Released on Flat Discharge		Released on Probation ^b or Parole		
		Non-target	Target			Non-target	Target	Non-Target	Target	
			Low CR	High CR					Low CR	High CR
				M ^c	F					
Limited Continuity of Care ^a	-	✓	-	-	-	✓	-	✓	-	-
Continuity of Care	-	-	✓	✓	-	-	✓	-	✓	-
Transitional Case Management	-	-	-	-	AN ^d	-	-	-	-	AN ^d
Adult Intensive Case Management	-	-		-	✓	-	-	-	-	✓

Key: Target = Schizophrenia, Biolar Disorder, or Major Depression Non-target = Other mental health diagnosis

Low CR = Low Criminogenic Risk; at low risk for recurring criminal behavior. M = Misdemeanor conviction
High CR = High Criminogenic Risk; at high risk for recurring criminal behavior. F = Felony conviction

✓= Likely program placement AN = As needed program placement

^aTCOOMMI only offers one COC program. We have created the “Limited Continuity of Care” designation to illustrate the reduced level of services that individuals with a non-target diagnosis are likely to receive.

^bAll probation departments must participate in Continuity of Care programming, but not all participate in TCOOMMI case management programming. Therefore, not all probation populations in Texas will have access to case management services.

^cCase management caseloads must consist 80% of felony offenders. Therefore, while some inmates with misdemeanor convictions may be placed into a case management program, they are more likely to be placed into Continuity of Care.

^dTransitional Case Management primarily serves, on an as needed basis (AN), former inmates with mental illness previously served on the Adult Intensive Case Management caseload (a step-down level of services). The program may also serve some individuals who pose a lower level of criminal risk and have a lower clinical need than the those served under Intensive Case Management. The program has a very small caseload with less than 500 probationers and parolees being admitted into Transitional Case Management in 2013.

Source: TCOOMMI, *TCOOMMI Services Template*, Fiscal Year 2013; *Program Guidelines and Processes for Continuity of Care (COC)*, *Program Guidelines and Processes for Adult Intensive Case Management*, and *Program Guidelines and Processes for Adult Transitional Case Management*; and April Zamora, TCOOMMI, Personal and Telephone Interviews, March and June 2014.

For more detailed information, see Appendix C.

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